

TSN
58-07

KANSAS SECRETARY OF STATE
**Trademark or Service Mark Name Change
of Registrant/Owner**
Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Stay up-to-date on your trademark or service mark status, expiration date, and contact address at **www.sos.ks.gov**.

☐ **Filing fee**

The filing fee for a registrant/owner name change is **\$15**.

☐ **Payment**

Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. **NOTICE:** There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.

☐ **New assignee/owner**

Provide the new name and address of the existing registrant/owner. (This form is only for changing the name of the existing registrant/owner. Use the assignment form TSS to change the owner from one person to a different person.)

TSN
58-07

KANSAS SECRETARY OF STATE
**Trademark or Service Mark Name Change
of Registrant/Owner**

This form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Stay up-to-date on your trademark or service mark status, expiration date, and contact address at **www.sos.ks.gov**.

THIS SPACE FOR OFFICE USE ONLY.

1. Trademark or service
mark ID number

2. Trademark or service
mark name

3. Name of current
registrant/owner

4. Address of current
registrant/owner

Address will be used to send
official mail from the Kansas
Secretary of State's Office.

Do not leave blank.

Address

City

State

Zip

Country

The registrant/owner named above does hereby change his/her name to the following:

5. New name
and address
of registrant/owner

Address will be used to send
official mail from the Kansas
Secretary of State's Office.

Do not leave blank.

Name

Address

City

State

Zip

Country

6. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Registrant / Owner

X

Month

Day

Year

Name of Registrant / Owner (printed or typed)

Phone Number